PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandra, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notificat	d below or directed oth	nerwise in Block 1, by (a) specifying a new corre	espondence address;	and/or (b) indicating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
29747 7590 09/06/2007				have its own certificate of mailing or transmission.			
GREENBERG TRAURIG 3773 HOWARD HUGHES PARKWAY SUITE 500 NORTH				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
LAS VEGAS, N	V 89169					(Depositor's name)	
					_	(Signature)	
			L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/649,846 08/26/2003		•	Jack Forbes		087619.000003	7007	
TITLE OF INVENTION	: WAGERING GAMIN	G AND METHOD OF PI	LAY				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700	\$0	\$0	\$700	12/06/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
WERT, JOSHUA P		3709	463-013000	_			
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Creative Gaming Concepts, Inc. Las Vegas, Nevada							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. he Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502466 (enclose an extra copy of this form).				
5. Change in Entity Stat	•	,		1	. D. Images		
	s SMALL ENTITY state Publication Fee (if requestions of the United Sta				L ENTITY status. See 37 C tered attorney or agent; or t	he assignee or other party in	
Authorized Signature			Date 0	ctober 22, 2007			
Typed or printed name	Rob L. Phi	Pips		Registration No	40,305		
submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	I application form to the ons for reducing this buing injuries 22313-1450. DC 13-1450.	USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	of depending upon the induction of the control of the control of the complete	ividual case. Any cor cer, U.S. Patent and T FO THIS ADDRESS.	nments on the amount of ti	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, l number.	